

ELK GROVE COMMUNITY SERVICES DISTRICT PARKS & RECREATION DEPARTMENT



We Need You!

Coaches:

- 150 volunteer coaches needed
- training provided
- 2-3 hours/week commitment
- 1 practice & 1 game per week

Team Sponsors:

Here is a great opportunity to promote your business name, community group or show your individual support in the community. You can sponsor a T-Ball team for \$150. This includes your name, logo and phone number printed on the team shirts and a framed team photo. Call 405-5300 to request a sponsor form.

If you are interested in leagues for girls only T-Ball, call Elk Grove Girls Softball at 714-3399.

For competitive baseball, call Cal Ripken baseball at 685-6665 (voice mail).

T-BALL

Ages 4-7

The Program

T-Ball teaches boys and girls the fundamentals of baseball, good sportsmanship and team work all in a fun, non-competitive way. Boys and girls play on the same teams. Teams are *often* made up of kids from the same school. Practices begin in March with locations, day and time determined by the coach. The T-Ball Tribune, detailing photo day, important dates, team assignments, etc., will be available in the office upon registration. In this league, all players field and bat each inning and no score or outs are kept.

Ages:

Must be 4 by March 1, 2006, Cannot be 8 before August 1, 2006
2 divisions: • 4-5 yr olds (for the beginner) • 6-7 yr olds

Locations:

East of 99 - Strong Park **OR** Laguna West - Johnson Park **OR**
Laguna - Laguna Community Park

Three
locations for your
convenience

Dates: Picture Day - March 4, 2006 Practice - March 11, 2006

- Games - March 18, 25, April 1, 8, 22, 29, May 13, 20 (no games 4/15, May 6)

Times:

Between 9 am to 3 pm - Saturdays

- Game times will vary each week
- Practice times to be scheduled by team coach

Registration:

In order to participate and be placed on a team, all participants must have complete registration and emergency information form on file.

Mail in and fax registration accepted (please include Visa or Mastercard with faxed registration). No phone-in registration accepted.

Early Registration • \$65 per player:

November 1-30*, 2005 *Office closed November 11, 24, 25

Regular Registration • \$75 per player:

December 1, 2005-January 21*, 2006 *Office closed December 23, 30 (noon-5 pm).

Beginning January 30 a waiting list will be formed. If space becomes available, the late registration fee will be \$85 per player.

M-F, 8 am - 8 pm and Sat 8 am - 1 pm:

Wackford Community Complex, 9014 Bruceville Rd., 405-5600,

M-F, 8 am - 4 pm:

Parks and Recreation Admin Office, 8820 Elk Grove Blvd., Ste. 3, 405-5300,
or Laguna Town Hall, 3020 Renwick Ave., 684-7550

**For additional information or for an application, call
Elk Grove Parks and Recreation at 405-5600, 405-5300 or 684-7550
www.egcsd.ca.gov**



Elk Grove CSD Parks & Recreation Department

2006 T-BALL COACH APPLICATION

Please complete and return this application by **Friday, January 6, 2006**
Return: EGCS D Parks and Recreation, Wackford Community Complex, 9014 Bruceville Rd., 405-5600

Location/age group you would like to coach (please check appropriate box):

- | | | |
|--------------------------------|--|--|
| East of 99 (Strong Park) | <input type="checkbox"/> (4-5 yr olds) | <input type="checkbox"/> (6-7 yr olds) |
| Laguna (Laguna Community Park) | <input type="checkbox"/> (4-5 yr olds) | <input type="checkbox"/> (6-7 yr olds) |
| Laguna West (Johnson Park) | <input type="checkbox"/> (4-5 yr olds) | <input type="checkbox"/> (6-7 yr olds) |

Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

Your Shirt Size: Adult: ☐ L(42-44) ☐ XL(46-48) ☐ XXL(50-52)

1. Were you certified in our NYSCA training for T-Ball coaches before? If so, which year(s)? _____
2. Are you currently NYSCA certified in another sport? If so, which sport(s)? _____
3. Name of your child or child whose team you want to coach _____
4. Site where you would like to coach ☐ Strong Park (East) ☐ Laguna Community Park (Laguna) ☐ Johnson Park (Laguna West)
5. Your availability during the 2006 T-Ball season:

Weekday practices/games: ☐ Always available ☐ Usually available- Times _____

Saturday Games: ☐ Always available ☐ Usually available- Times _____

6. Desired Position: ☐ Head Coach ☐ Assistant Coach

Previous Coaching Experience:

☐ T-Ball (please list which seasons) _____

☐ Other Coaching (please describe) _____

7. Convictions -- Conviction of a crime is not necessarily a bar to involvement in our program. Each case is considered separately. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No

Omit: Minor traffic violations; any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law; any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45. If Yes, state what offense, when, where, and disposition of case.

8. **All coaches will be fingerprinted.** When you turn in your application, please ask for form to get fingerprinted free of charge.

9. Please list two references we can contact other than relatives:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

10. Training -- All coaches **ARE REQUIRED** to attend one of the following EGCS D half day T-Ball Clinics at the CSD Wackford Community & Aquatic Complex. The clinic provides an opportunity to get more information on the T-Ball program, meet your fellow coaches, improve your coaching skills through the NYSCA coaching program, and share and receive words of wisdom from experienced coaches.

Check below the training clinic you will attend. Remember to mark your calendar !

Saturday January 28, 2006 9:00 am-1:00 pm	OR	Saturday February 25, 2006 9:00 am-1:00 pm
<input type="checkbox"/> first year coach		<input type="checkbox"/> first year coach
<input type="checkbox"/> second or third year coach		<input type="checkbox"/> second or third year coach

Signature of Applicant My signature affirms that all information is true to the best of my knowledge.

X

Signature _____

Today's Date _____



Elk Grove CSD Parks & Recreation Department

T-Ball Registration and Medical Form

Init.

REGISTRATION INFORMATION

Location of Program: **East of 99 (Strong Park)**

Laguna (Laguna Community Park)

Laguna West (Johnson Park)

☐ # 6599 (4-5 yr olds)

☐ # 6600 (4-5 yr olds)

☐ # 6601 (4-5 yr olds)

☐ # 6602 (6-7 yr olds)

☐ # 6603 (6-7 yr olds)

☐ # 6604 (6-7 yr olds)

Participant's Name: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthdate: _____ School _____ Grade _____

T-shirt Size: ☐ Youth Medium ☐ Youth Large ☐ other _____

T-Ball Experience: ☐ no experience ☐ 1 yr. experience ☐ 1+ yrs. experience

If your child attends private school, which public school is located closest to your home? _____

Check all boxes which apply:

☐ **Yes, I want to be a T-Ball Coach.** ☐ I may want to coach. Send details. ☐ I may want to sponsor a team. Send details.

Type of Payment: (check one) ☐ Cash ☐ Check # _____ ☐ VISA/MC Payment:

Payment Type: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover Card # _____

Name as it appears on card: _____ Expires Mo./Yr. ____/____

Hold Harmless Agreement

The Elk Grove Community Services District (hereinafter the "Elk Grove CSD"), its officers, trustees, agents and employees, and any co-sponsor of this activity, are not responsible for any claim, loss, injury(ies), liability or damages which may be suffered by the Participant while traveling to, during, or returning from the activity designated in this registration. Further, throughout the term of this Agreement, Participant [or Participant's parent or legal guardian, if Participant is under age 18] agrees to defend, indemnify and hold harmless the Elk Grove CSD, its officers, trustees, agents and employees from and against any and all claims, losses, injuries, liability or damages, including the payment of attorneys' fees, arising out of or resulting from participation in the activity designated in this registration. Additionally, the Participant [or Participant's parent or legal guardian, if Participant is under age 18] grants the Elk Grove CSD the right to photograph facilities, activities and Participant for potential future use for publicity or promotional purposes. I have read and understand this notice.

Signature of Parent or Guardian (over age 18) *Date*

EMERGENCY INFORMATION

Parent's Name(s): _____

Phone # Mother (Home): _____ (Work): _____ (Cell): _____ (Pgr): _____

Phone # Father (Home): _____ (Work): _____ (Cell): _____ (Pgr): _____

List any allergies, dietary restrictions, medications, etc. *(or indicate NONE)*: _____

What was the approximate date of last Tetanus Booster?: _____

Name of Physician: _____

Address: _____

Phone: _____ Insurance Carrier & Number: _____

Person to contact in Case of Emergency 1. Name: _____ Phone: _____

Other than Parents: 2. Name: _____ Phone: _____

As the parent/guardian of the above minor child, I hereby authorize the Elk Grove Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgement may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

Signature of Parent or Guardian (over age 18) *Date*

For additional information, call EGCS D Parks and Recreation at 405-5600, 405-5300 or 684-7550 (See Reverse)



Elk Grove CSD Parks & Recreation Department

Parents' Code of Ethics

- I (we) hereby pledge to provide positive support, care, and encouragement for my (our) children participating in youth sports by following the Parents' Code of Ethics.
- I (we) will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sport events.
- I (we) will place the emotional and physical well being of my (our) children ahead of my personal desire to win.
- I (we) will insist that my (our) children play in a safe and healthy environment.
- I (we) will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I (we) will demand a sports environment for my (our) children that is free from drugs, tobacco, and alcohol and refrain from their use at all youth sport events.
- I (we) will remember that the game is for youth – not the adult.
- I (we) will do our best to make youth sports fun for my (our) children.
- I (we) will ask my (our) children to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- I (we) promise to help my (our) children enjoy the youth sports experience by doing whatever I (we) can, such as being a respectable fan, assisting with coaching, abiding by league rules, or assisting with the league activities.
- I (we) will expect that my (our) children's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I (we) hereby acknowledge that I (we) have read and understand the above and agree to be held bound by the Parents' Code of Ethics. If I (we) fail to act as described in the Parents' Code of Ethics, I (we) fully understand that my (our) children and I (ourselves) can be asked to leave the Elk Grove CSD Parks & Recreation programs.

Print Parent(s) or Guardian(s) Name(s)

Date

Print Parent(s) or Guardian(s) Name(s)

Date



Elk Grove CSD Parks & Recreation Department

T-Ball

Special Requests Form

Please check appropriate box:

☐ I would like my child to play on the same team as another participant.*

Your child's name _____

Other participant's name _____

Other participant's name _____

Other participant's name _____

*Participants must be signed up to play at the same location for requests to be considered.

☐ I would like my child to play for a specific coach.*

Your child's name _____

Coach's name _____

*Coach must be signed up to coach at the same location for requests to be considered.

Disclaimer: EGCSD will do its best to ensure your request is granted, however requests cannot be guaranteed.

No phone requests will be allowed.

T-Ball Information
Inside

PRSR STD
U.S. Postage
PAID
Elk Grove, CA
Permit 84

Elk Grove CSD
Parks & Recreation Department
9014 Bruceville Road
Elk Grove, CA 95758

